Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEW JERSEY, NEWARK DIVISION		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yoursel	f	
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is your government-issue picture identification (for some leaves de la contraction	First name	First name
	example, your driver's license or passport).	Middle name	Middle name
	Bring your picture identification to your m with the trustee.	neeting Solt-Donadia Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you used in the last 8 year		
	Include your married of maiden names.	or	
3.	Only the last 4 digits your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6761	

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	19 Ferndale Dr Parsippany, NJ 07054-1650 Number, Street, City, State & ZIP Code Morris County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2 lives at a different address: Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
6.	Why you are choosing this district to file for bankruptcy	Number, P.O. Box, Street, City, State & ZIP Code Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Number, P.O. Box, Street, City, State & ZIP Code Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)

Deb	otor 1 Solt-Donadia, Lyn	n M				Case	number (if known)	
Par	Tell the Court About	our Bankr	uptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are				nch, see <i>Notice Requ</i> check the appropria		C. § 342(b) for Individuals	s Filing for Bankruptcy (Form
	choosing to file under	☐ Chapt	er 7					
		☐ Chapt	er 11					
		☐ Chapt	er 12					
		■ Chapt	er 13					
8.	How you will pay the fee							cal court for more details
		If yo		ey is submitting your			u may pay with cash, cas y may pay with a credit c	shier's check, or money order. ard or check with a
				the fee in installm Installments (Official		this option, sign	and attach the Application	n for Individuals to Pay The
			Ū	`	,	nis option only if	you are filing for Chapter	7. By law, a judge may, but is
		not	required to	o, waive your fee, an	d may do so only if y	our income is les	s than 150% of the offic	ial poverty line that applies to must fill out the <i>Application</i>
							it with your petition.	must mi out the Application
9.	Have you filed for	□ No.						
	bankruptcy within the last 8 years?	Yes.						
			District		When		Case number	
			District	NJ	When	2/20/08	Case number	18-13440
			District		When		Case number	
10.	Are any bankruptcy cases	■ No						
	pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor				Relationship to y	ou
			District		When		Case number, if I	known
			Debtor				Relationship to y	ou
			District		When		Case number, if I	known
11.	Do you rent your	■ No.	Go to I	ine 12.				
	residence?	☐ Yes.	Has yo	our landlord obtained	d an eviction judgme	nt against you?		
				No. Go to line 12.	, 3	- ,		
						Eviction Judgme	nt Against You (Form 10	1A) and file it as part of this

Deb	otor 1 Solt-Donadia, Lyr	n M			Case number (if known)
Par	t 3: Report About Any Bu	sinesses '	You Own	as a Sole Proprieto	or .
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	e and location of bus	iness
	A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any	
	If you have more than one sole proprietorship, use a		Numb	per, Street, City, Stat	te & ZIP Code
	separate sheet and attach it to this petition.		Chec	k the appropriate bo:	x to describe your business:
	·				less (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				Commodity Broker	r (as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	s. If you in is, cash-fl 116(1)(B)	dicate that you are a ow statement, and fe	ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure in 11
	For a definition of small	■ No.	I am i	not filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am t Code	•	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am i	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	Hazardo	us Property or Any	Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or	☐ Yes.	What is	the hazard?	
	safety? Or do you own any property that needs immediate attention?			diate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	s the property?	
					Number, Street, City, State & Zip Code

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about

☐ Incapacity.

credit counseling because of:

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

DCD	Soil-Dolladia, Lyi				Oasc Humbe	
Par	6: Answer These Questi	ons for Rep	oorting Purposes			
16.	What kind of debts do you have?		Are your debts primarily c individual primarily for a pers			ned in 11 U.S.C.§ 101(8) as "incurred by an
			Yes. Go to line 17.			
		16b.		usiness dehts? Rusini	ess dehts are dehts th	hat you incurred to obtain money
			for a business or investment			
			☐ No. Go to line 16c.			
			☐ Yes. Go to line 17.			
		16c.	State the type of debts you or	we that are not consume	er debts or business of	debts
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapte	r 7. Go to line 18.		
	Do you estimate that after any exempt property is		I am filing under Chapter 7. [paid that funds will be availab			y is excluded and administrative expenses are
	excluded and administrative expenses		□ No			
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes			
18.	How many Creditors do	1 -49		1 ,000-5,000)	☐ 25,001-50,000
	you estimate that you owe?	□ 50-99		☐ 5001-10,00		50,001-100,000
		□ 100-19 □ 200-99		☐ 10,001-25,0	000	☐ More than100,000
			-			
19.	How much do you estimate your assets to	□ \$0 - \$5	0,000 1 - \$100,000	□ \$1,000,001 □ \$10,000,00		☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion
	be worth?		01 - \$500,000		1 - \$100 million	□ \$10,000,000,001 - \$50 billion
		□ \$500,0	01 - \$1 million	\$100,000,00	01 - \$500 million	☐ More than \$50 billion
20.	How much do you	□ \$0 - \$5		□ \$1,000,001		□ \$500,000,001 - \$1 billion
	estimate your liabilities to be?		01 - \$100,000	\$10,000,00		\$1,000,000,001 - \$10 billion
			01 - \$500,000 01 - \$1 million		1 - \$100 million 01 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
		— \$500,0	OT - \$1 IIIIIIOII		- τ - φοσο πιιιισπ	— More than too Sillion
Par	7: Sign Below					
For	you	I have exa	mined this petition, and I decl	are under penalty of per	rjury that the informati	on provided is true and correct.
			hosen to file under Chapter and the relief availe. I understand the relief avail			under Chapter 7, 11,12, or 13 of title 11, Unite occeed under Chapter 7.
			ney represents me and I did noned and read the notice requi			n attorney to help me fill out this document, I
		I request r	elief in accordance with the	chapter of title 11, Unite	ed States Code, spec	cified in this petition.
		case can r				roperty by fraud in connection with a bankruptcy 18 U.S.C. §§ 152, 1341, 1519, and 3571.
		Lynn M	Solt-Donadia of Debtor 1		Signature of Debto	or 2
		Executed	• • • • • • • • • • • • • • • • • • •		Executed on	
			MM / DD / YYYY		MM	1/DD/YYYY

Debtor 1	Solt-Donadia, Lynn M	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Scott J. Goldstein	Date	June 21, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
Scott J. Goldstein		
Printed name		
Law Offices of Scott J. Goldstein, LLC		
Firm name		
280 W Main St		
Denville, NJ 07834-1233		
Number, Street, City, State & ZIP Code		
Contact phone (973) 453-2838	Email address	sjg@sgoldsteinlaw.com
16472004		
Bar number & State		

	Fill in this	information to identi	fy your case:			
Deb	otor 1	Lynn M Solt-Don				
		First Name	Middle Name	Last Name		
	otor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Bank	cruptcy Court for the:	DISTRICT OF NEW JE	RSEY, NEWARK DIVISION		
		duploy Court for the.	<u> </u>	NOC 1, NEW MICH STRICK		
	se number nown)				_	ck if this is an ended filing
		m 106Sum				
				nd Certain Statistical Information		12/15
info you	rmation. Fill our original forms	it all of your schedule	s first; then complete the	are filing together, both are equally responsible information on this form. If you are filing ame the box at the top of this page.		
						assets of what you own
1.	Schedule A/E 1a. Copy line	3: Property (Official Fo	orm 106A/B) com Schedule A/B		\$	410,000.00
	1b. Copy line	62, Total personal pro	perty, from Schedule A/B		\$	75,214.02
	1c. Copy line	63, Total of all property	on Schedule A/B		\$	485,214.02
Par	t 2: Summai	rize Your Liabilities				
						liabilities int you owe
2.			aims Secured by Property (nn AAmount of claim, at the	(Official Form 106D) e bottom of the last page of Part 1 of <i>Schedule D</i>	\$	530,302.41
3.			Unsecured Claims (Official 1 (priority unsecured claim	Form 106E/F) s) from line 6e 3 chedule E/F	. \$	0.00
	3b. Copy the	total claims from Part	2 (nonpriority unsecured cl	aims) from line 6j & chedule E/F	\$	48,854.72
				Your total liabil	ities \$	579,157.13
Par	t 3: Summa	rize Your Income and	Expenses			
4.		our Income(Official Formbined monthly incom			. \$	5,577.61
5.		our Expenses (Official nthly expenses from line	,		\$	5,133.70
Par	t 4: Answer	These Questions for	Administrative and Statis	stical Records		
6.			er Chapters 7, 11, or 13? on this part of the form. Che	eck this box and submit this form to the court with y	our other sche	dules.
7.	YesWhat kind of	debt do you have?				

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 11,499.28

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$0.C	00

	ormation to ide	, ,						
	/nn M Solt-E							
First ebtor 2	st Name	Midd	lle Name	Last Name				
	st Name	Midd	le Name	Last Name				
nited States Bankrupt	tcy Court for th	ne: DISTRICT	OF NEV	W JERSEY, NEWARK DIVIS	SION			
ase number								☐ Check if this is a amended filing
fficial Form	106A/B							
chedule A	VB: Pro	operty						12/15
nk it fits best. Be as co	omplete and acc	curate as possib	le. If two i	only once. If an asset fits in r married people are filing togel ais form. On the top of any add	her, both are e	qually responsib	ble for sup	plying correct
rt 1: Describe Each I	Residence, Buil	ding, Land, or O	ther Real	Estate You Own or Have an Ir	iterest In			
Do you own or have ar	ny legal or equit	table interest in a	any reside	ence, building, land, or simila	property?			
□ No. Go to Part 2.								
Yes. Where is the p	roperty?							
·	roperty?		What	t is the property? Check all that a	apply			
·			•	Single-family home	apply			ims or exemptions. Put d claims on Schedule D:
1		iption	What ■ - □		apply	the amount of a	any secured	
19 Ferndale Dr Street address, if availa	ble, or other descri		- - -	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home		the amount of a Creditors Who	any secured Have Clain of the	d claims on Schedule D: as Secured by Property. Current value of the
19 Ferndale Dr	ble, or other descri	iption 07054-1650 ZIP Code	- <u>-</u>	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land		the amount of a Creditors Who	any secured Have Clain of the y?	d claims on Schedule D: ns Secured by Property.
19 Ferndale Dr Street address, if availa	ible, or other descri	07054-1650	- 0 0	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other		Current value entire property \$410,0 Describe the n (such as fee si	any secured Have Clain of the y? 000.00 nature of youngle, tena	d claims on Schedule D: as Secured by Property. Current value of the portion you own?
19 Ferndale Dr Street address, if availa	ible, or other descri	07054-1650	- 0 0	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property		Current value entire property \$410,0	of the y? 000.00 nature of your imple, tenaf known.	Current value of the portion you own? \$410,000.0 Substitute of the portion you own?
19 Ferndale Dr Street address, if availa	ible, or other descri	07054-1650	-	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property Debtor 1 only		Current value entire property \$410,0 Describe the n (such as fee si a life estate), if	of the y? 000.00 nature of your imple, tenaf known.	Current value of the portion you own? \$410,000.0 Substitute of the portion you own?
19 Ferndale Dr Street address, if availa Parsippany City	ible, or other descri	07054-1650	-	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and	/? Check one	Current value entire property \$410,0 Describe the m (such as fee si a life estate), if Fee Simple	of the y? 000.00 nature of ye imple, tens f known.	Current value of the portion you own? \$410,000.0 Substitute of the portion you own?
19 Ferndale Dr Street address, if availa Parsippany City Morris	ible, or other descri	07054-1650	-	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and rinformation you wish to add	/? Check one	Current value entire property \$410,0 Describe the m (such as fee si a life estate), if Fee Simple	of the y? 000.00 nature of ye imple, tens f known.	Current value of the portion you own? \$410,000.0 Sur ownership interest ancy by the entireties, o
19 Ferndale Dr Street address, if availa Parsippany City Morris	ible, or other descri	07054-1650	Who Other	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and	/? Check one	Current value entire property \$410,0 Describe the m (such as fee si a life estate), if Fee Simple	of the y? 000.00 nature of ye imple, tens f known.	Current value of the portion you own? \$410,000.0 Sur ownership interest ancy by the entireties, o
19 Ferndale Dr Street address, if availa Parsippany City Morris	ible, or other descri	07054-1650	Who Other	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and rinformation you wish to add erty identification number:	/? Check one	Current value entire property \$410,0 Describe the m (such as fee si a life estate), if Fee Simple	of the y? 000.00 nature of ye imple, tens f known.	Current value of the portion you own? \$410,000.0 Sur ownership interest ancy by the entireties, o
19 Ferndale Dr Street address, if availa Parsippany City Morris County	NJ State	07054-1650 ZIP Code	Who Other prope	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and rinformation you wish to add erty identification number:	/? Check one d another about this item	the amount of a Creditors Who Current value entire property \$410,0 Describe the n (such as fee si a life estate), if Fee Simple Check if t (see instruct, such as local	of the y? 000.00 nature of ye imple, tenaf known.	Current value of the portion you own? \$410,000.0 Sur ownership interest ancy by the entireties, o

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debto	or 1 Solt-Donadia, Lynn M		Case number (if known)	
. Cai	rs, vans, trucks, tractors, sport utility	y vehicles, motorcycles		
	No			
■ \				
_	165			
3.1	Make: Honda	Who has an interest in the property? Check one		claims or exemptions. Put
0.1	Model: Civic 4Dr	Debtor 1 only		red claims on Schedule D: nims Secured by Property.
	Year: 2016	Debtor 2 only		
	Approximate mileage: 3800		Current value of the entire property?	Current value of the portion you own?
	Other information:	☐ At least one of the debtors and another		
	Leased vehicle No value to		#0.00	40.00
	Debtor	☐ Check if this is community property (see instructions)	\$0.00	\$0.00
		<u> </u>		
3.2	Make: Dodge	Who has an interest in the property? Check one		claims or exemptions. Put
0.2	Model: Charger	Debtor 1 only		red claims on Schedule D: nims Secured by Property.
	Year: 2008	Debtor 2 only		
	Approximate mileage: 9300		Current value of the entire property?	Current value of the portion you own?
	Other information:	At least one of the debtors and another	,	
	Non-running vehicle			
		☐ Check if this is community property	\$2,625.00	\$2,625.00
	NADA rough trade-in value	(see instructions)		
			Do not dodust accurad a	claims or exemptions. Put
3.3	Make: Toyota	Who has an interest in the property? Check one		red claims on <i>Schedule D:</i>
	Model: Camry	Debtor 1 only	Creditors Who Have Cla	nims Secured by Property.
	Year: 2009	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage: 4400	<u> </u>	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
	NADA Avg Trade In Value	☐ Check if this is community property	\$6,137.00	\$6,137.00
		(see instructions)	<u></u>	<u>-</u>
	a <i>mples:</i> Boats, trailers, motors, personal No	s and other recreational vehicles, other vehicles, a I watercraft, fishing vessels, snowmobiles, motorcycle a		
		u own for all of your entries from Part 2, including a at number here		\$8,762.00
art 3	Describe Your Personal and Househo	old Items		
о ус	ou own or have any legal or equitabl	e interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Ex	usehold goods and furnishings xamples: Major appliances, furniture, line No	ens, china, kitchenware		
	Yes. Describe			
	Household	Goods & Furnishings		\$6,500.00
Ex	ectronics camples: Televisions and radios; audio, including cell phones, camera No	video, stereo, and digital equipment; computers, printer as, media players, games	rs, scanners; music collections;	; electronic devices
	Yes. Describe			

Debto	or 1	Solt-Donadi	a, Lynn M	Case number (if known)
			TV, DVD Player, Movies, Stereo		\$800.00
Ex	ample No		figurines; paintings, prints, or other artwork; books, pictures, or other art nemorabilia, collectibles	objects; stamp, coin, o	or baseball card collections; other
			Hummel Figurines		\$500.00
Ex	ample No	ent for sports an es: Sports, photog instruments	nd hobbies graphic, exercise, and other hobby equipment; bicycles, pool tables, golf	clubs, skis; canoes ar	d kayaks; carpentry tools; musical
	xamp No		s, shotguns, ammunition, and related equipment		
	xamp No		thes, furs, leather coats, designer wear, shoes, accessories		
_	res.	Describe	Wearing apparel		\$1,200.00
	xamp No		Costume jewelry Wedding bands	ry, watches, gems, gol	\$1,600.00 \$1,400.00
	xamp No	r m animals oles: Dogs, cats, b Describe			\$0.00
	No	her personal and	d household items you did not already list, including any health ai	ids you did not list	
			of all of your entries from Part 3, including any entries for pages y ber here	ou have attached for	\$12,000.00
Part 4		scribe Your Finand In or have any le	cial Assets egal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	хатр		ave in your wallet, in your home, in a safe deposit box, and on hand whe	en you file your petition	ciaims or exemptions.

Official Form 106A/B Schedule A/B: Property page 3

De	btor 1	Solt-Donadia,	, Lynn M	Case number (if known)	
17.	Exam _l —		ings, or other financial accounts; you have multiple accounts with	certificates of deposit; shares in credit unions, brokerage houses, a the same institution, list each.	nd other similar
	□ No ■ Yes			Institution name:	
			17.1. Checking Account	TD acct ending 0775	\$157.83
18.	Exam		publicly traded stocks evestment accounts with brokerag	e firms, money market accounts	
	■ No □ Yes		Institution or issuer name	e:	
19.		ublicly traded stoo venture	ck and interests in incorporated	d and unincorporated businesses, including an interest in an	LLC, partnership, and
	☐ Yes.	Give specific infor	mation about them Name of entity:	% of ownership:	
	Negot Non-n ■ No	<i>iable instrument</i> s in	clude personal checks, cashiers' ots are those you cannot transfer t	e and non-negotiable instruments checks, promissory notes, and money orders. to someone by signing or delivering them.	
21.		ment or pension a oles: Interests in IR), thrift savings accounts, or other pension or profit-sharing plans	
	■ Yes.	List each account s	separately. Type of account: 401(k) or Similar Plan	Institution name: RWJ Barnabus Health Retirement Acct	\$54,088.43
			Retirement Account	RWJ Barnabus Health Retirement Acct	\$205.76
	Your s <i>Exam</i> ■ No		deposits you have made so that yo	ou may continue service or use from a company utilities (electric, gas, water), telecommunications companies, or ot Institution name or individual:	ners
			a periodic payment of money to yo	ou, either for life or for a number of years)	
	■ No	`		ta, state to the crisis and base of yearsy	
	☐ Yes		uer name and description.	ed ABLE program, or under a qualified state tuition program.	
		C. §§ 530(b)(1), 52	9A(b), and 529(b)(1).	parately file the records of any interests.11 U.S.C. § 521(c):	
25.	Trusts ■ No	, equitable or futu	re interests in property (other	than anything listed in line 1), and rights or powers exercisab	e for your benefit
	☐ Yes.	Give specific infor	mation about them		
26.			lemarks, trade secrets, and oth n names, websites, proceeds from	ner intellectual property m royalties and licensing agreements	
		Give specific infor	mation about them		
			d other general intangibles ts, exclusive licenses, cooperative	e association holdings, liquor licenses, professional licenses	

De	ebtor 1	Solt-Donadia, Lynn M	Case number (if known)	
	■ Yes	Give specific information about them		
	_ 100.	NJ Notary Public Commission	n	\$0.00
M	oney or	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	■ No	iunds owed to you Give specific information about them, including whether you alrea	ady filed the returns and the tax years	
29.	Examp ■ No	support oles: Past due or lump sum alimony, spousal support, child sup Give specific information	port, maintenance, divorce settlement, property se	ttlement
30.	Examp	amounts someone owes you oles: Unpaid wages, disability insurance payments, disability bene unpaid loans you made to someone else Give specific information	efits, sick pay, vacation pay, workers' compensation	n, Social Security benefits;
31.	Interes Examp ■ No	ts in insurance policies oles: Health, disability, or life insurance; health savings account (I Name the insurance company of each policy and list its value. Company name:	HSA); credit, homeowner's, or renter's insurance Beneficiary:	Surrender or refund value:
32.	If you a died.	terest in property that is due you from someone who has di are the beneficiary of a living trust, expect proceeds from a life ins Give specific information		operty because someone has
33.	Examp ■ No	against third parties, whether or not you have filed a lawsuoles: Accidents, employment disputes, insurance claims, or right		
34.	■ No	contingent and unliquidated claims of every nature, including	ng counterclaims of the debtor and rights to set	off claims
35.	■ No	nancial assets you did not already list Give specific information		
36		the dollar value of all of your entries from Part 4, including a 4. Write that number here		\$54,452.02
Pa	art 5: De	scribe Any Business-Related Property You Own or Have an Interes	st In. List any real estate in Part 1.	
		own or have any legal or equitable interest in any business-related to Part 6.	property?	

Official Form 106A/B Schedule A/B: Property page 5

☐ Yes. Go to line 38.

Deb	tor 1	Solt-Donadia, Lynn M		Case number (if known)	
Part		scribe Any Farm- and Commercial Fishing-Related Property You Or ou own or have an interest in farmland, list it in Part 1.	wn or Have an Interes	t In.	
46. I	No.	own or have any legal or equitable interest in any farm- or Go to Part 7. . Go to line 47.	commercial fishing	-related property?	
Part	7:	Describe All Property You Own or Have an Interest in That You D	id Not List Above		
•	Examp No Yes. Add t	thave other property of any kind you did not already list? bles: Season tickets, country club membership Give specific information the dollar value of all of your entries from Part 7. Write that the Totals of Each Part of this Form	number here		\$0.00
55.		1: Total real estate, line 2			\$410,000.00
56.		2: Total vehicles, line 5	\$8,762.00		\$410,000.00
57.	Part 3	3: Total personal and household items, line 15	\$12,000.00		
58.	Part 4	1: Total financial assets, line 36	\$54,452.02		
59.	Part 5	5: Total business-related property, line 45	\$0.00		
60.	Part 6	6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	7: Total other property not listed, line 54 + _	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$75,214.02	Copy personal property total	\$75,214.02
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$485,214.02

\$2,625.00 100% of fair market value, up to any applicable statutory limit \$3,775.00 100% of fair market value, up to any applicable statutory limit	exempt. If more space is needed, fill write your name and case number (if exempted up to the amount of any and tax-exempt retirement a law that limits the exemption
cogether, both are equally responsible for supply our source, list the property that you claim as expected ecessary. On the top of any additional pages, we expected earned to the exemption you claim. One call fair market value of the property being expected in the property being	exempt. If more space is needed, fill write your name and case number (if way of doing so is to state a exempted up to the amount of any and tax-exempt retirement on would be limited to the
cogether, both are equally responsible for supply our source, list the property that you claim as expected ecessary. On the top of any additional pages, we expected earned to the exemption you claim. One could fair market value of the property being expected in the property bein	exempt. If more space is needed, fill write your name and case number (if way of doing so is to state a exempted up to the amount of any and tax-exempt retirement on would be limited to the
ogether, both are equally responsible for supply our source, list the property that you claim as expected ecessary. On the top of any additional pages, we amount of the exemption you claim. One ull fair market value of the property being exemption of 100% of fair market value undined to exceed that amount, your exemption if your spouse is filling with you. U.S.C. § 522(b)(3) The company of the exemption you claim are considered as a company of the exemption you claim are considered as a company one box for each exemption.	exempt. If more space is needed, fill write your name and case number (if way of doing so is to state a exempted up to the amount of any and tax-exempt retirement on would be limited to the
ogether, both are equally responsible for supply our source, list the property that you claim as e ecessary. On the top of any additional pages, we expected a comparison of the exemption you claim. One ull fair market value of the property being exemption of 100% of fair market value unitined to exceed that amount, your exemption of if your spouse is filling with you. U.S.C. § 522(b)(3) The important of the exemption of the e	exempt. If more space is needed, fill write your name and case number (if write your name and case number (if way of doing so is to state a exempted up to the amount of any and tax-exempt retirement ider a law that limits the exemption on would be limited to the
ogether, both are equally responsible for supply our source, list the property that you claim as expected as ecessary. On the top of any additional pages, we amount of the exemption you claim. One ull fair market value of the property being exemption of 100% of fair market value undined to exceed that amount, your exemption if your spouse is filling with you. U.S.C. § 522(b)(3) The property being the proper	exempt. If more space is needed, fill write your name and case number (if write your name and case number (if way of doing so is to state a exempted up to the amount of any and tax-exempt retirement ider a law that limits the exemption on would be limited to the
ogether, both are equally responsible for supply our source, list the property that you claim as e ecessary. On the top of any additional pages, we expected a supply a supply our source, list the property that you claim as e ecessary. On the top of any additional pages, we expected a supply a supply of the expected pages, we amount of the exemption you claim. One ull fair market value of the property being expected by the property by the property by the property by the property by the proper	exempt. If more space is needed, fill write your name and case number (if way of doing so is to state a exempted up to the amount of any and tax-exempt retirement and a law that limits the exemption would be limited to the
ogether, both are equally responsible for supply our source, list the property that you claim as expected as a cessary. On the top of any additional pages, we amount of the exemption you claim. One ull fair market value of the property being exemption of 100% of fair market value undined to exceed that amount, your exemption if your spouse is filling with you. U.S.C. § 522(b)(3)	exempt. If more space is needed, fill write your name and case number (if exempted up to the amount of any and tax-exempt retirement a law that limits the exemption
ogether, both are equally responsible for supply our source, list the property that you claim as e ecessary. On the top of any additional pages, very earnount of the exemption you claim. One ull fair market value of the property being earnount of 100% of fair market value unined to exceed that amount, your exemption of 100% of fair market value unined to exceed that amount, your exemption if your spouse is filing with you.	exempt. If more space is needed, fill write your name and case number (if exempted up to the amount of any and tax-exempt retirement a law that limits the exemption
ogether, both are equally responsible for supply our source, list the property that you claim as e ecessary. On the top of any additional pages, very earnount of the exemption you claim. One ull fair market value of the property being earnount of 100% of fair market value unined to exceed that amount, your exemption of 100% of fair market value unined to exceed that amount, your exemption if your spouse is filing with you.	exempt. If more space is needed, fill write your name and case number (if exempted up to the amount of any and tax-exempt retirement a law that limits the exemption
ogether, both are equally responsible for supply our source, list the property that you claim as e ecessary. On the top of any additional pages, we amount of the exemption you claim. One ull fair market value of the property being elth aids, rights to receive certain benefits, a exemption of 100% of fair market value undined to exceed that amount, your exemption	exempt. If more space is needed, fill write your name and case number (if exempted up to the amount of any and tax-exempt retirement a law that limits the exemption
ogether, both are equally responsible for supply our source, list the property that you claim as e ecessary. On the top of any additional pages, we amount of the exemption you claim. One ull fair market value of the property being eath aids, rights to receive certain benefits, a exemption of 100% of fair market value under the source of the property being eath aids.	exempt. If more space is needed, fill write your name and case number (if exempted up to the amount of any and tax-exempt retirement a law that limits the exemption
ogether, both are equally responsible for supply our source, list the property that you claim as e ecessary. On the top of any additional pages, we amount of the exemption you claim. One ull fair market value of the property being eath aids, rights to receive certain benefits, a exemption of 100% of fair market value under the source of the property being eath aids.	exempt. If more space is needed, fill write your name and case number (if exempted up to the amount of any and tax-exempt retirement a law that limits the exemption
ogether, both are equally responsible for supply our source, list the property that you claim as e ecessary. On the top of any additional pages, we amount of the exemption you claim. One	exempt. If more space is needed, fill write your name and case number (if
ogether, both are equally responsible for supply our source, list the property that you claim as e	exempt. If more space is needed, fill
aim as Exempt	
	4/16
	☐ Check if this is an amended filing
EY, NEWARK DIVISION	
Last Name	
Last Name	
RSI	Last Name

100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: 6.1

Debtor	Solt-Donadia, Lynn M			Case number (if known)	
	ef description of the property and line on hedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	/, DVD Player, Movies, Stereo	\$800.00		\$800.00	11 USC § 522(d)(3)
	o			100% of fair market value, up to any applicable statutory limit	
	immel Figurines e from Schedule A/B 8.1	\$500.00		\$500.00	11 USC § 522(d)(3)
LIII	e nom somedule /v Z G.T			100% of fair market value, up to any applicable statutory limit	
	earing apparel e from Schedule A/B: 11.1	\$1,200.00		\$1,200.00	11 USC § 522(d)(3)
				100% of fair market value, up to any applicable statutory limit	
	ostume jewelry e from Schedule A/B: 12.1	\$1,600.00		\$1,600.00	11 USC § 522(d)(4)
LIII	e nom schedule A.D. 12.1			100% of fair market value, up to any applicable statutory limit	
	edding bands e from Schedule A/B: 12.2	\$1,400.00		\$1,400.00	11 USC § 522(d)(3)
				100% of fair market value, up to any applicable statutory limit	
	D acct ending 0775 e from Schedule A/B: 17.1	\$157.83		\$157.83	11 USC § 522(d)(5)
LII	e nom somedule /v Z ····			100% of fair market value, up to any applicable statutory limit	
	NJ Barnabus Health Retirement	\$54,088.43		\$54,088.43	11 USC § 522(d)(12)
	e from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	
	NJ Barnabus Health Retirement	\$205.76		\$205.76	11 USC § 522(d)(12)
	e from Schedule A/B: 21.2			100% of fair market value, up to any applicable statutory limit	
	e you claiming a homestead exemption ubject to adjustment on 4/01/19 and every 3 No Yes. Did you acquire the property covere No	years after that for case	s filed	• ,	

Fill in this in	oformation to ident	ify your case:			
FIII III UIIS II	mormation to luent	iny your case.			
Debtor 1	Lynn M Solt-Do	nadia Middle Name Last Name			
Debtor 2	E:				
(Spouse if, filing)	First Name	Middle Name Last Name			
United States Bankr	uptcy Court for the:	DISTRICT OF NEW JERSEY, NEWARK DI	VISION		
Case number					
(if known)					if this is an
				ameno	led filing
Official Form	106D				
Schedule D	: Creditors	Who Have Claims Secure	d by Propert	У	12/15
					on If more snace is
•	ve claims secured by	vour property?			
-	-		ı have nothing else to re	port on this form.	
_					
•		nore than one secured claim, list the creditor separately	, Column A	Column B	Column C
for each claim. If more	than one creditor has	a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
much as possible, list ti	First Name Middle Name Last Name Bankruptcy Court for the: DISTRICT OF NEW JERSEY, NEWARK DIVISION To Dee D: Creditors Who Have Claims Secured by Secured Claims In all of the information below. All Secured Claims If a creditor has more than one secured claim, list the creditor separately more than one creditor has a particular claim, list the other creditors in Part 2. As Describe the property that secures the claim: Describe the property that secures the claim: 2016 Honda Civic 4Dr Leased vehicle — No value to Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Describe the property that secures the claim: Contingent Statutory lien (such as tax lien, mechanic's lien) Describe the property that secures the claim: Contingent Statutory lien (such as tax lien, mechanic's lien) Describe the property that secures the claim: Contingent Statutory lien (such as tax lien, mechanic's lien) Describe the property that secures the claim: Contingent Statutory lien (such as tax lien, mechanic's lien) Describe the property that secures the claim: Contingent Statutory lien (such as tax lien, mechanic's lien) Describe the property that secures the claim: Contingent Statutory lien (such as tax lien, mechanic's lien) Describe the property that secures the claim: Statutory lien (such as tax lien, mechanic's lien) Describe the property that secures the claim: Contingent Statutory lien (such as tax lien, mechanic's lien) Contingent Statutory lien (such as tax lien, mechanic's lien) Contingent Statutory lien (such as tax l	Do not deduct the value of collateral.	that supports this claim	portion If any	
	onda Finance		\$15,910.00	\$0.00	\$15,910.00
Creditor's Name					
PO Box 168	088	As of the date you file, the claim is: Check all that			
		<u></u>			
Number, Street, Cit	ty, State & Zip Code				
		•			
Who owes the debt?	Check one.	- '''			
■ Debtor 1 only			curea		
☐ Debtor 2 only ☐ Debtor 1 and Debto	or 2 only	Statutory lien (such as tay lien, mechanic's lien)			
_					
☐ Check if this claim		_			
community debt					
Date debt was incurre	ed	Last 4 digits of account number 0810			
2.2 Pinto of Moi	ntville	Describe the property that secures the claim:	\$65,935.63	\$0.00	\$65,935.63
Creditor's Name					
143 River Ro	d				
Montville, N	J 07045-9462				
Number, Street, Cit	ty, State & Zip Code				
Who owes the debt?	Check one	•			
Debtor 1 only	CHOOK OHE.	_	cured		
Debtor 2 only		, ,			
☐ Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the o	debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim	relates to a	Other (including a right to offset)			
community debt					
Date debt was incurre	ed	Last 4 digits of account number			

Debtor 1 Lynn M Solt-Donadia First Name Middle N	Name Last Name	Case number (f know)		
2.3 Seterus Inc. Creditor's Name	Describe the property that secures the claim:	\$430,000.00	\$410,000.00	\$20,000.00
Creditor's Name	19 Ferndale Dr, Parsippany, NJ 07054-1650			
14523 SW Millikan Way	4 bed, 2.5 bath			
Ste 200	As of the date you file, the claim is: Check all that			
Beaverton, OR	apply.			
97005-2352	Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
N/I	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortgage or se	ecured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number 3942	2		
2.4 Wells Fargo Bank, N.A.	Describe the property that secures the claim:	\$18,456.78	\$410,000.00	\$18,456.78
Creditor's Name	19 Ferndale Dr, Parsippany, NJ	<u> </u>	Ψ+10,000.00	Ψ10,400.70
	07054-1650			
420 Montgomony St	4 bed, 2.5 bath			
420 Montgomery St San Francisco, CA	As of the date you file, the claim is: Check all that			
94104-1207	apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Number, Street, Oily, State & Zip Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
_	☐ An agreement you made (such as mortgage or s	ecured		
■ Debtor 1 only	car loan)	courcu		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Obstate with a fourth of the line would be districted.			
At least one of the debtors and another	Statutory lien (such as tax lien, mechanic's lien)			
_	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	☐ Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number 9892	2		
		A=	a 1	
-	lumn A on this page. Write that number here:	\$530,302.4	1	
Add the dollar value of your entries in Co If this is the last page of your form, add the Write that number here:	. •	\$530,302.4 \$530,302.4	_	

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this inf	formation to identify your	case:	
Debtor 1	Lynn M Solt Dono	dio	
Debtor	Lynn M Solt-Dona First Name	Middle Name Last Name	
Debtor 2			
(Spouse if, filing)	First Name	Middle Name Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY, NEWARK DIVISION	
Case number			
(if known)			Check if this is an
			amended filing
Official Fam	∞ 400⊏/⊏		
Official For		ha Hawa Hua a sawa d Olaima	40/45
		no Have Unsecured Claims Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY clai	12/15
the Continuation F case number (if kr	Page to this page. If you have	perty. If more space is needed, copy the Part you need, fill it out, number the entries in the encount of any additional pages ecured Claims	
	tors have priority unsecured		
■ No. Go to		• ,	
☐ Yes.			
	All of Your NONPRIORITY	Unsecured Claims	
	tors have nonpriority unsecu		
□ No. You ha	ave nothing to report in this pa	rt. Submit this form to the court with your other schedules.	
	avo noumig to roport in this pai	and the second s	
Yes.			
unsecured cla	im, list the creditor separately	ims in the alphabetical order of the creditor who holds each claim. If a creditor has more that for each claim. For each claim listed, identify what type of claim it is. Do not list claims already into the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the	cluded in Part 1. If more
			Total claim
4.1 Appro	ved Contracting, LLC	Last 4 digits of account number	\$9,861.69
	ity Creditor's Name	When we the debt in some 40	
РО Во	v 168	When was the debt incurred?	_
	Tabor, NJ 07878-0468	}	
	Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who inc	urred the debt? Check one.		
■ Debto	or 1 only	☐ Contingent	
☐ Debto	or 2 only	☐ Unliquidated	
☐ Debto	or 1 and Debtor 2 only	☐ Disputed	
☐ At lea	ast one of the debtors and anot		
	k if this claim is for a comm	_	
debt	aim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not	
Is the cia	ann subject to onset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
		_	
☐ Yes		Other Specify	

Solt-Donadia, Lynn M	Case number (f know)	
Bob's Pool Service & Maintenance	Last 4 digits of account number	\$599.15
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 10973		
Fairfield, NJ 07004-6973	-	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<u></u>	По	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	☐ Student loans	
☐ Check if this claim is for a community lebt	☐ Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
Citibank	Last 4 digits of account number	\$17,196.80
Nonpriority Creditor's Name		Ψ11,100.00
00 B	When was the debt incurred?	
PO Box 6000 Bioux Falls, SD 57117-6000		
lumber Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Vho incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	■ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
ebt	\square Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
Conley, CRNFA	Last 4 digits of account number	\$177.00
Nonpriority Creditor's Name	When was the debt incurred?	
82 Harrison Ave	Their was the dest mounted.	
Red Bank, NJ 07701-2376		
Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
Vho incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
lebt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	<u>_</u>	
☐ Yes	Other. Specify	

Solt-Donadia, Lynn M	Case number (f know)	
MC Landscaping Nonpriority Creditor's Name	Last 4 digits of account number	\$3,639.20
Nonpriority Creditor's Name	When was the debt incurred?	
1278 Sussex Tpke Randolph, NJ 07869-2901		
Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
lebt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐Yes	Other. Specify	
Medical Payment Data	Last 4 digits of account number	\$291.00
Nonpriority Creditor's Name	When we the debt in correct?	
645 Walnut St Ste 5	When was the debt incurred?	
Gadsden, AL 35901-4173		
lumber Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
$\operatorname{\square}$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
lebt	☐ Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
Saint Clares Health System	Last 4 digits of account number	\$7,771.00
Nonpriority Creditor's Name	When was the debt incurred?	
66 Ford Rd Ste 201		
Denville, NJ 07834-1379	_	
Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
⊒ Yes	_	
= 103	Other. Specify	

Debtor	Solt-Donadia, Lynn M	Case number (f know)				
4.8	Saint Clares Health System Nonpriority Creditor's Name	Last 4 digits of account number	\$7,999.38			
	Nonphonty Creditor's Name	When was the debt incurred?				
	66 Ford Rd Ste 201					
	Denville, NJ 07834-1379 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneck all that apply				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
		Student loans				
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify				
4.9	Santander Consumer USA	Last 4 digits of account number 1000	\$1,232.00			
	Nonpriority Creditor's Name		· ,			
	PO Box 961245	When was the debt incurred?				
	Fort Worth, TX 76161-0244					
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify				
4.10	Summit Medical Group	Last 4 digits of account number	\$87.50			
	Nonpriority Creditor's Name	When was the debt incurred?				
	150 Floral Ave New Providence, NJ 07974-1557					
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify				

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Solt-Donadia, Lynn M		Case number (f know)
Name and Address ARS National Services, Inc PO Box 469100 Escondido, CA 92046-9100	On which entry in Part 1 or Part 2 did Line 4.3 of (Check one): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Berks Credit and Collection PO Box 329 Temple, PA 19560-0329	On which entry in Part 1 or Part 2 did Line <u>4.6</u> of (<i>Check one</i>): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Celentano Stadtmauer 1035 US Highway 46 Ste 208P Clifton, NJ 07013-2468	On which entry in Part 1 or Part 2 did Line <u>4.7</u> of (<i>Check one</i>): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Celentano Stadtmauer 1035 US Highway 46 Ste 208P Clifton, NJ 07013-2468	On which entry in Part 1 or Part 2 did Line 4.8 of (Check one): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Gerald J. Kelly, PC 3125 State Route 10 Denville, NJ 07834-3493	On which entry in Part 1 or Part 2 did Line <u>4.5</u> of (<i>Check one</i>): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Needleman & Pisano 161 Main Rd Montville, NJ 07045-9224	On which entry in Part 1 or Part 2 did Line <u>4.1</u> of (<i>Check one</i>): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Savit Collection Agencey 46 W Ferris St East Brunswick, NJ 08816-2159	On which entry in Part 1 or Part 2 did Line 4.4 of (<i>Check one</i>): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Simon's Agency 3713 Brewerton Rd Ste 1 North Syracuse, NY 13212-3843	On which entry in Part 1 or Part 2 did Line 4.10 of (<i>Check one</i>): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
mom r are r				³ —	
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
Tatal alaima	6f.	Student loans	6f.	\$	Total Claim 0.00
Total claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	48,854.72

Debtor 1	Solt-Donadia, Lynn M	
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Case number (f know)

6j. **Total Nonpriority.** Add lines 6f through 6i.

\$ **48,854.72**

Fill in th	is information to identif	y your case:			
Debtor 1	Lynn M Solt-Donadia				
	First Name	Middle Name	Last Name)	
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	DISTRICT OF NEW JE	RSEY, NEWARK DIVISION		
Case number _ (if known)					☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

American Hona Finance 201 Little Falls Dr Wilmington, DE 19808-1674 **Vehicle Lease**

Fill in 4	his information to identif	iv vous occo			1	
Debtor 1	his information to identif					
Bester 1	First Name	Middle Name	Last Name		}	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States B	Sankruptcy Court for the:	DISTRICT OF NEW JE	RSEY, NEWARK DIVIS	SION		
Case number (if known)					☐ Check if the amended	
Official Fo	orm 106H					
Schedule	e H: Your Cod	ebtors				12/15
are filing togeth and number the case number (if	er, both are equally respective entries in the boxes on known). Answer every c	e also liable for any debte consible for supplying co the left. Attach the Additi question. you are filing a joint case, do	orrect information. If m ional Page to this pag	ore space is needed, on the top of any Ad	opy the Additional Pa	ige, fill it out,
	nave any obactions. (ii)	od dre ming a joint odde, de	o not not cities opouse t	is a codestor.		
□ No ■ Yes						
		lived in a community pro New Mexico, Puerto Rico,			/ states and territories ir	nclude Arizona,
■ No. Go t	o line 3.					
☐ Yes. Did	your spouse, former spous	se, or legal equivalent live w	vith you at the time?			
line 2 agaiı	n as a codebtor only if th	ors. Do not include your s at person is a guarantor 106E/F), or Schedule G (0	or cosigner. Make sur	e you have listed the o	reditor on Schedule D	O (Official Form
	mn 1: Your codebtor Number, Street, City, State and Z	IP Code		Column 2: The cr Check all schedul	editor to whom you or les that apply:	we the debt
19 F	nony Donadia erndale Dr sippany, NJ 07054-16	50		■ Schedule D, □ Schedule E/I □ Schedule G Pinto of Monty	F, line	

Fill	in this information to identif	fy your cas	e:				ļ				
Del	otor 1 Lynr	n M Solt-l	Donadia								
1 -	otor 2 ouse, if filing)										
Uni	ted States Bankruptcy Cou	ırt for the:	DISTRICT OF NEW J	JERSEY, NEWA	RK DIVISION	_					
	se number nown)			-					ed filing ent showi	ng postpetition o	chapter 13
0	fficial Form 106	SI .						MM / DD/ \		owing date.	
S	chedule I: You	- r Inco	me				IV.	/IIVI / DD/			12/15
sup spo	as complete and accurate plying correct information use. If you are separated ch a separate sheet to this time. Describe Employers	n. If you and your s and your s s form. Or	e married and not filin spouse is not filing wit	g jointly, and you	our spouse is nclude informa	livir atior	ng with y n about y	ou, inclu our spou	de inforn ise. If mo	nation about your ere space is ne	our eded,
1.	Fill in your employment information.	t		Debtor 1				Debtor 2	2 or non-	filing spouse	
	If you have more than one attach a separate page wi information about addition	th	Employment status	■ Employed□ Not employed				■ Employed□ Not employed			
	employers.		Occupation	Administrative Coordinator			or				
	Include part-time, seasor self-employed work.	nal, or	Employer's name	Saint Barna	abus Health						
	Occupation may include homemaker, if it applies.	student or	Employer's address	95 Old Sho West Orang	rt Hills Rd ge, NJ 0705	2-10	008				
			How long employed th	nere? <u>5 y</u>	ears			_			
unle If yo	mate monthly income as ss you are separated. u or your non-filing spouse to, attach a separate sheet to	of the date	e you file this form. If you than one employer, comb	· ·	·	•		•		·	
							For Del	otor 1		ebtor 2 or iling spouse	
2.	List monthly gross wag deductions). If not paid m				2.	\$	4	,440.45	\$	0.00	
3.	Estimate and list month	nly overtim	ne pay.		3.	+\$		0.00	+\$_	0.00	
4.	Calculate gross Income	. Add line	2 + line 3.		4.	\$	4,4	40.45	\$_	0.00	

Case number (if known)

				For	Debtor 1	For Debtor	
	Copy	y line 4 here	4.	\$_	4,440.45	\$	0.00
5.	List a	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	489.62	\$	0.00
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$_	1,368.95	\$	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$	619.34	\$	0.00
	5e.	Insurance	5e.	\$_	389.44	\$	0.00
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00
	5g.	Union dues	5g.	\$_	0.00	\$	0.00
	5h.	Other deductions. Specify: Life Insurance	5h.+	\$	458.03	+ \$	0.00
		Disability	_	\$_	6.15	\$	0.00
		Legal Plan		\$	14.95	\$	0.00
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$	3,346.48	\$	0.00
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,093.97	\$	0.00
8.	List a 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total					
		monthly net income.	8a.	\$_	0.00		<u>,483.64</u>
	8b.	Interest and dividends	8b.	\$_	0.00	\$	0.00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00
	8e.	Social Security	8e.	\$_	0.00	\$	0.00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00
	8h.	Other monthly income. Specify:	8h.+	\$_	0.00	+ \$	0.00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	4,483.64
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		1,093.97 + \$_	4,483.64	= \$ 5,577.61
11.	Include other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your defineds or relatives. ot include any amounts already included in lines 2-10 or amounts that are not availy:	ependen		•		+\$0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain					\$5,577.61
13.	Do y	ou expect an increase or decrease within the year after you file this form?	?				Combined monthly income
		Ves Evolain:					

Fill	in this information to identify your case:					
Deb	Lynn M Solt-Donadia	_	Cł		this is: amended filing	
	otor 2ouse, if filing)			As	Ū	ng postpetition chapter 13 ollowing date:
Unit	ted States Bankruptcy Court for the: DISTRICT OF NEW JERSE DIVISION	Y, NEWARK		MM	/ DD / YYYY	
	se number (nown)					
	fficial Form 106J					
S	chedule J: Your Expenses					12/15
info (if I	as complete and accurate as possible. If two married peopormation. If more space is needed, attach another sheet to known). Answer every question. It 1: Describe Your Household Is this a joint case?					
	■ No. Go to line 2.					
	☐ Yes. Does Debtor 2 live in a separate household? ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expe	enses for Separate Househ	noldof Deb	tor 2.		
2.	Do you have dependents? ☐ No					
	Do not list Debtor 1 and Debtor 2. Yes. Fill out this information each dependent	•		_	Dependent's age	Does dependent live with you?
	Do not state the dependents names.	Spouse				□ No ■ Yes □ No
				_ :		☐ Yes ☐ No ☐ Yes
						□ No □ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No □ Yes					
Est exp	t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unknowness as of a date after the bankruptcy is filed. If this is a solicable date.					
val	lude expenses paid for with non-cash government assistar ue of such assistance and have included it on Schedule I: ficial Form 106I.)				Your expe	enses
4.	The rental or home ownership expenses for your resident payments and any rent for the ground or lot.	ce. Include first mortgage	4.	\$		1,908.67
	If not included in line 4:					
	4a. Real estate taxes		4a.	\$		0.00
	4b. Property, homeowner's, or renter's insurance		4b.	· -		0.00
	Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues		4c. 4d.	· : —		100.00 0.00
5.	Additional mortgage payments for your residence, such a	as home equity loans		\$ -		465.28

	Solt-Donadia, Lynn M	Case num	per (if known)	
Utilit	ies.			
6a.	Electricity, heat, natural gas	6a.	\$	400.00
6b.	Water, sewer, garbage collection	6b.	\$	60.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	305.00
6d.	Other. Specify:	6d.	\$	0.00
	and housekeeping supplies	7.	\$	650.00
	lcare and children's education costs	8.	\$	
			•	0.00
	ning, laundry, and dry cleaning	9.	\$	100.00
	onal care products and services	10.	\$	50.00
	cal and dental expenses	11.	\$	100.00
	sportation. Include gas, maintenance, bus or train fare. ot include car payments.	12.	\$	500.00
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
	itable contributions and religious donations	14.	\$	0.00
Insu	•			
	ot include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	194.75
	Other insurance. Specify:	15d.	\$	0.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.		*	
Spec	ify:	16.	\$	0.00
17a	Ilment or lease payments: Car payments for Vehicle 1	17a.	\$	200.00
	Car payments for Vehicle 2	17b.	\$	0.00
	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	·	
	payments of alimony, maintenance, and support that you did not report		Φ	0.00
	cted from your pay on line 5, Schedule I, Your Income (Official Form 106)		\$	0.00
	r payments you make to support others who do not live with you.	.,.	\$	0.00
Spec	ify:	19.		
	r real property expenses not included in lines 4 or 5 of this form or on Sc	chedule I: You	r Income.	
20a.	Mortgages on other property	20a.	\$	0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
Othe	r: Specify:	21.	+\$	0.00
	'			
	ulate your monthly expenses		Φ.	F 400 T0
	Add lines 4 through 21.	0	\$	5,133.70
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J	-2	Φ	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	5,133.70
. Calc	ulate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,577.61
	Copy your monthly expenses from line 22c above.	23b.	-\$	5,133.70
	Subtract your monthly expenses from your monthly income.			443.91

Fill in this in	formation to identify	your case:			
Debtor 1	Lynn M Solt-De				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the	DISTRICT OF NEW J	ERSEY, NEWARK DIVISI	ON	
Case number(if known)		<u> </u>			☐ Check if this is an amended filing
Official Forn	-				
Declarat	ion About	an Individua	ıl Debtor's S	chedules	12/15
obtaining money years, or both. 18		d in connection with a ban			ment, concealing property, or), or imprisonment for up to 20
Did you pay	y or agree to pay sor	meone who is NOT an atto	rney to help you fill out b	pankruptcy forms?	
■ No					
☐ Yes. N	lame of person				nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
	ity of perjury, I decla e true and correct.	re that I have read the sun	nmary and schedules file	d with this declaration	n and
X /s/ Lyn	n M Solt-Donadia		X		
Lynn N	I Solt-Donadia re of Debtor 1		Signature of	of Debtor 2	

Date ____

Date _**June 21, 2018**

	EU to dita					
		information to identi				
Del	otor 1	Lynn M Solt-Do	nadia Middle Name	Last Name		
	otor 2					
(Spo	ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Bar	nkruptcy Court for the:	DISTRICT OF NEW JER	SEY, NEWARK DIVISION		
	se number				-	check if this is an mended filing
St		of Financial	Affairs for Individ			4/10
info	rmation. If me				qually responsible for supply additional pages, write your r	
Pa	rt 1: Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1.	What is your	current marital statu	s?			
	■ Married □ Not mar	ried				
2.	During the la	st 3 years, have you	lived anywhere other than v	where you live now?		
	■ No □ Yes. List	t all of the places you liv	red in the last 3 years. Do not	nclude where you live now.		
	Debtor 1 Pri	or Address:	Dates Debtor 1 there	lived Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. state					y property state or territory? co, Texas, Washington and Wis	
	■ No □ Yes. Mal	ke sure you fill out <i>Sch</i> e	edule H: Your Codebtors (Offi	cial Form 106H).		
Pai	t 2 Explain	n the Sources of You	r Income			
4.	Fill in the tota	I amount of income you	nployment or from operating u received from all jobs and a lave income that you receive to	II businesses, including part-		ar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$23,581.66	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

De	Debtor 1 Solt-Donadia, Lynn M Cas				se number (if known)			
	Debto		Debtor 1		Debtor 2			
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
			31, 2017)	■ Wages, commissions, bonuses, tips	\$42,665.00	☐ Wages, com bonuses, tips	missions,	
				☐ Operating a business		☐ Operating a	business	
		dar year bet December		■ Wages, commissions, bonuses, tips	\$40,534.00	☐ Wages, com bonuses, tips	missions,	
				☐ Operating a business		☐ Operating a	business	
Include income regardless of whether that income is taxable. Examples of <i>other income</i> are alimony; child support; Social Security, unemployme other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winn you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details.								
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of incomposition Describe below.		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Pa	yments You	Made Before You Filed for E	Bankruptcy			
6.	Are eithe ☐ No.	Neither De	ebtor 1 nor D	s debts primarily consumer lebtor 2 has primarily consul personal, family, or household	mer debts. Consumer debts	are defined in 11 U	.S.C. § 101(8	8) as "incurred by an
During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7.								
	Yes List below each creditor to whom you paid a creditor. Do not include payments for dom payments to an attorney for this bankruptcy * Subject to adjustment on 4/01/19 and every 3 years at				nestic support obligations, su y case.	uch as child suppor	t and alimon	
	Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?							
		■ No.	Go to line 7	7.				
		□ _{Yes}		each creditor to whom you paid or domestic support obligations ptcy case.				
	Creditor	's Name and	d Address	Dates of payme	nt Total amount	Amount you still owe	Was this p	payment for
7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you <i>Insiders</i> include your relatives; any general partners; relatives of any general partners; partner which you are an officer, director, person in control, or owner of 20% or more of their voting s business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic s					payment on a debt you ov y general partners; partnershi % or more of their voting secu	ps of which you are rities; and any mana	a general pa aging agent,	artner; corporations of including one for a
	■ No □ Yes.	l ist all naum	ents to an ins	ider				
		Name and		Dates of payme	nt Total amount	Amount you still owe	Reason fo	or this payment
					paid	J J		

8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?							
	Include payments on debts guaranteed or cosigned by an insider.							
	■ No							
	Yes. List all payments to an insider							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t Include credi	his payment tor's name		
Par	4: Identify Legal Actions, Repossession	ns, and Foreclosures						
	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.							
	■ No □ Yes. Fill in the details.							
	Case title Case number	Nature of the case	Court or agency		Status of the	case		
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.							
	No. Go to line 11.Yes. Fill in the information below.							
	Creditor Name and Address	Describe the Property		Date		Value of the property		
		Explain what happened	1					
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes Fill in the details.							
	☐ Yes. Fill in the details. Creditor Name and Address	Describe the action the	creditor took	Date :	action was	Amount		
				taken				
	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?							
	■ No □ Yes							
Par	t 5: List Certain Gifts and Contributions							
		store alid von alivo once altt	a višta a tatal valva a	f mare than \$600				
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No							
	Yes. Fill in the details for each gift.							
	Gifts with a total value of more than \$600 person	per Describe the gifts		Dates the gi	s you gave ifts	Value		
	Person to Whom You Gave the Gift and Address:							
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No							
	Yes. Fill in the details for each gift or cont							
	Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	al Describe what yo	u contributed	Dates contr	i you ibuted	Value		
Par	6: List Certain Losses							

Case number (if known)

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Debtor 1 Solt-Donadia, Lynn M

De	btor 1 Solt-Donadia, Lynn M	Solt-Donadia, Lynn M			Case number (if known)			
	or gambling?							
	_							
	■ No □ Yes. Fill in the details.							
		Doscri	be any insurance coverage for the los	e	Date of your	Value of property		
	how the loss occurred		the amount that insurance has paid. Lis		loss	lost		
		insurar	nce claims on line 33 of Schedule A/B: Pr					
Pa	rt 7: List Certain Payments or Transfers	3						
16.	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition pre	reparin	g a bankruptcy petition?			y to anyone you		
	□ No							
	Yes. Fill in the details.							
	Person Who Was Paid		Description and value of any proper	rty	Date payment or transfer was made	Amount of payment		
	Address Email or website address		transferred					
	Person Who Made the Payment, if Not Y		•					
	Law Offices of Scott J. Goldstein, l 280 W Main St Denville, NJ 07834-1233 sjg@sgoldsteinlaw.com	LLC	\$400		6/1/2018	\$400.00		
	Mitchell R.Stein 114 Old Bloomfield Ave Parsippany, NJ 07054-2302		\$410.00		2/2018	\$410.00		
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.							
	Yes. Fill in the details.							
	Person Who Was Paid Address		Description and value of any proper transferred	rty	Date payment or transfer was made	Amount of payment		
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.							
	Person Who Received Transfer		Description and value of		ny property or	Date transfer was		
	Address Person's relationship to you		property transferred	payments paid in exc	received or debts change	made		
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)							
	■ No		•					
	Yes. Fill in the details.							
	Name of trust		Description and value of the property transferred			Date Transfer was made		

Pa	rt 8: List of Certain Financial Accounts, Instru	ıments, Safe Deposit B	oxes, and Stora	ge Units					
20.									
	☐ Yes. Fill in the details.								
		ast 4 digits of account number	Type of account instrument	nt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 yea cash, or other valuables?	r before you filed for b	ankruptcy, any s	safe depo	sit box or other deposit	ory for securities,			
	No								
	☐ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, Streand ZIP Code)		Describe t	he contents	Do you still have it?			
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No								
	Yes. Fill in the details.	Who else has or ha	d accoss I	Describe the contents Do vo					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	to it? Address (Number, Street, City, State and ZIP Code)				Do you still have it?			
Pai	t 9: Identify Property You Hold or Control for	r Someone Fise							
23.	Do you hold or control any property that some someone.	one else owns? Include	e any property y	ou borrov	wed from, are storing fo	r, or hold in trust for			
	☐ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prope (Number, Street, City, Sta Code)		Describe t	he property	Value			
Pai	t 10: Give Details About Environmental Inform	nation							
	the purpose of Part 10, the following definitions								
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a controlling the cleanup of these substances, w	air, land, soil, surface w	_	•					
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.								
	Hazardous material means anything an enviror material, pollutant, contaminant, or similar term		a hazardous wa	ıste, hazar	dous substance, toxic s	substance, hazardous			
Rep	ort all notices, releases, and proceedings that y	ou know about, regard	ess of when the	ey occurre	ed.				
24.	Has any governmental unit notified you that yo	ou may be liable or pote	entially liable un	der or in v	violation of an environm	ental law?			
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit	ernmental unit ress (Number, Street, City, State and		nmental law, if you t	Date of notice			

Case number (if known)

Debtor 1 Solt-Donadia, Lynn M

Del	otor 1	Solt-Donadia, Lynn M		Case number (if known)						
5.	Have	you notified any governmental unit of	any release of hazardous material?							
		No								
		Yes. Fill in the details.								
		ne of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
6.	Have	you been a party in any judicial or adr	ministrative proceeding under any enviro	onmental law? Include settlements	and orders.					
ļ	_	No Yes. Fill in the details.								
		e Title	Court or agency	Nature of the case	Status of the					
		e Number	Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	case					
Par	t 11:	Give Details About Your Business or	Connections to Any Business							
7.	With	in 4 years before you filed for bankrupt	tcy, did you own a business or have any	of the following connections to any	y business?					
		☐ A sole proprietor or self-employed i	in a trade, profession, or other activity, e	ither full-time or part-time						
		☐ A member of a limited liability comp	pany (LLC) or limited liability partnership	(LLP)						
		☐ A partner in a partnership								
		☐ An officer, director, or managing executive of a corporation								
		☐ An owner of at least 5% of the voting or equity securities of a corporation								
		No. None of the above applies. Go to Part 12.								
	_	••	that apply above and fill in the details below for each business.							
		iness Name	Describe the nature of the business	Employer Identification number						
		ress ber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.						
				Dates business existed						
8.		in 2 years before you filed for bankrupt autions, creditors, or other parties.	tcy, did you give a financial statement to	anyone about your business? Incl	ude all financial					
		No								
		Yes. Fill in the details below.								
	Nam		Date Issued							
		ress ber, Street, City, State and ZIP Code)								
Par	t 12:	Sign Below								
hav true ban 18 U	/e rea and c krupto l.S.C.	d the answers on this Statement of Fin correct. I understand that making a fals	nancial Affairs and any attachments, and be statement, concealing property, or obt 00, or imprisonment for up to 20 years, o	aining money or property by fraud						
Ly	nn M	Solt-Donadia	Signature of Debtor 2							
Ī		e of Debtor 1								
Dat	е <u>Ј</u>	une 21, 2018	Date							
_		ttach additional pages to Your Stateme	ent of Financial Affairs for Individuals Fili	ng for Bankruptcy (Official Form 10)7)?					
■ N □ ∨										
」 Υ										
Did ■ _N		ay or agree to pay someone who is not	t an attorney to help you fill out bankrupt	cy forms?						
_		ame of Person Attach the Bankru	ptcy Petition Preparer's Notice, Declaration,	and Signature (Official Form 119).						
	al Forr		ment of Financial Affairs for Individuals Filing	-	nage					

United States Bankruptcy Court District of New Jersey, Newark Division

In re	Solt-Donadia, Lynn M		Case No).	
		Debtor(s)	Chapter	13	
	DISCLOSURE OF	COMPENSATION OF A	TTORNEY FOR	DEBTOR	
c	Pursuant to 11 U.S.C. § 329(a) and Fed. Ba ompensation paid to me within one year be e rendered on behalf of the debtor(s) in con	fore the filing of the petition in bank	ruptcy, or agreed to be p	aid to me, for services r	
	For legal services, I have agreed to acc	ept	\$	1,500.00	
	Prior to the filing of this statement I ha	ve received	\$	1,500.00	
	Balance Due		\$	0.00	
2. T	The source of the compensation paid to me	was:			
	☐ Debtor ☐ Other (specify):	All fees paid by Hyatt Lega	l Plan		
3. Т	The source of compensation to be paid to m	e is:			
	■ Debtor □ Other (specify):				
4. I	I have not agreed to share the above-disfirm.	closed compensation with any other	person unless they are n	embers and associates of	of my law
I	☐ I have agreed to share the above-disclost copy of the agreement, together with a l				law firm. A
5. I	n return for the above-disclosed fee, I have	agreed to render legal service for all	aspects of the bankrupt	cy case, including:	
b c	 Analysis of the debtor's financial situation. Preparation and filing of any petition, sometimes. Representation of the debtor at the meeting. [Other provisions as needed] 	hedules, statement of affairs and plar	which may be required	;	kruptcy;
5. E	By agreement with the debtor(s), the above- Adversary proceedings, motion	disclosed fee does not include the fo		ed in DNJ LBR 2016-	-2
		CERTIFICATION			
	certify that the foregoing is a complete stankruptcy proceeding.	tement of any agreement or arrangen	nent for payment to me i	or representation of the	debtor(s) in
Jι	ıne 21, 2018	_/s/ Scott J. 0	Goldstein		
Da	nte	Scott J. Gol			
		Signature of A Law Offices	of Scott J. Goldstei	n, LLC	
		280 W Main	St		
			07834-1233	een.	
		(973) 453-28 siq@sqolds	38 Fax: (973) 453-2 teinlaw.com	อบฮ	
		Name of law f			

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United States Bankruptcy Court District of New Jersey, Newark Division

IN RE:		Case No
Solt-Donadia, Lynn M		Chapter 13
	Debtor(s)	•
	VERIFICATION OF CREDITOR MATE	RIX
The above named debtor(s) hereby ve	erify(ies) that the attached matrix listing creditor	rs is true to the best of my(our) knowledge.
Date: June 21, 2018	Signature: /s/ Lynn M Solt-Donadia	
	Lynn M Solt-Donadia	Debtor
Date:	Signature:	
	-	Joint Debtor, if any

American Hona Finance 201 Little Falls Dr Wilmington, DE 19808-1674

American Honda Finance PO Box 168088 Irving, TX 75016-8088

Approved Contracting, LLC PO Box 468 Mount Tabor, NJ 07878-0468

ARS National Services, Inc PO Box 469100 Escondido, CA 92046-9100

Berks Credit and Collection PO Box 329 Temple, PA 19560-0329

Bob's Pool Service & Maintenance PO Box 10973 Fairfield, NJ 07004-6973

Celentano Stadtmauer 1035 US Highway 46 Ste 208P Clifton, NJ 07013-2468 Citibank PO Box 6000 Sioux Falls, SD 57117-6000

Conley, CRNFA 82 Harrison Ave Red Bank, NJ 07701-2376

Gerald J. Kelly, PC 3125 State Route 10 Denville, NJ 07834-3493

Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346

MC Landscaping 1278 Sussex Tpke Randolph, NJ 07869-2901

Medical Payment Data 645 Walnut St Ste 5 Gadsden, AL 35901-4173

Needleman & Pisano 161 Main Rd Montville, NJ 07045-9224 Pinto of Montville 143 River Rd Montville, NJ 07045-9462

Saint Clares Health System 66 Ford Rd Ste 201 Denville, NJ 07834-1379

Santander Consumer USA PO Box 961245 Fort Worth, TX 76161-0244

Savit Collection Agencey 46 W Ferris St East Brunswick, NJ 08816-2159

Seterus Inc. 14523 SW Millikan Way Ste 200 Beaverton, OR 97005-2352

Simon's Agency 3713 Brewerton Rd Ste 1 North Syracuse, NY 13212-3843

State of New Jersey N.J. Division of Taxation Bankruptcy Sec PO Box 245 Trenton, NJ 08695-0245 Summit Medical Group 150 Floral Ave New Providence, NJ 07974-1557

Wells Fargo Bank, N.A. 420 Montgomery St San Francisco, CA 94104-1207

Fill in this information to identify your case:						
Debtor 1	Lynn M Solt-Donadi	a				
Debtor 2 (Spouse, if filing)						
United States Ba	ankruptcy Court for the:	District of New Jersey, Newark Division				
Case number (if known)						

Check	as directed in lines 17 and 21:								
1	According to the calculations required by this Statement:								
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).								
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

						Colui Debt	mn A or 1	 nn B or 2 or filing spouse
our gross wages, salary, to ayroll deductions).	ps, bonuses, o	vertime,	and co	ommissions (be	fore all	\$	4,440.45	\$ 0.00
limony and maintenance p olumn B is filled in.	ayments. Do no	ot include	paym	ents from a spou	se if	\$	0.00	\$ 0.00
Il amounts from any source f you or your dependents, om an unmarried partner, me commates. Do not include pa sted on line 3 et income from operating a	including child embers of your ho ayments from a	support ousehold	. Includ	de regular contrib ependents, parer	outions nts, and	\$	0.00	\$ 0.00
usiness, profession, or far	D 14 4		D	ebtor 2				
ross receipts (before all eductions)	\$	0.00	\$	30,361.08				
rdinary and necessary perating expenses	- \$	0.00	-\$	-23,302.25				
et monthly income from a usiness, profession, or farm	\$	0.00	\$	7,058.83	Copy here -> \$	·	0.00	\$ 7,058.83
et income from rental and	other real prop	erty	Debto					
ross receipts (before all dedu	uctions)		\$	0.00				
rdinary and necessary opera	ting expenses		-\$	0.00				
et monthly income from rent	al or other real p	oroperty	\$	0.00 Copy	y here -> 🤄	5	0.00	\$ 0.00

				Column A Debtor 1		Column B Debtor 2 c non-filing		
7.	Interest, dividends, and royalties			\$	0.00	\$	0.00	
8.	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount received was a be Social Security Act. Instead, list it here:	enefit under	the					
	For you\$	0.00						
	For your spouse \$	0.00						
9.	Pension or retirement income. Do not include any amount received that under the Social Security Act.	at was a ben	efit	\$	0.00	\$	0.00	
10.	Income from all other sources not listed above. Specify the source a not include any benefits received under the Social Security Act or paymer a victim of a war crime, a crime against humanity, or international or dome If necessary, list other sources on a separate page and put the total below.	nts received estic terroris	as					
				\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
11.	Calculate your total average monthly income. Add lines 2 through 10 each column. Then add the total for Column A to the total for Column E		,	4,440.45	+ [\$ _	7,058.83	= [\$_	11,499.28
Part	2: Determine How to Measure Your Deductions from Income							otal average onthly income
	Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. ☐ You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you.						\$	<u>11,499.28</u>
	Fill in the amount of the income listed in line 11, Column B, that w such as payment of the spouse's tax liability or the spouse's suppor Below, specify the basis for excluding this income and the amount of	t of someon	e oth	ner than you	or your de	ependents.	•	
	a separate page.			,		, ,		, , , , , , , , , , , , , , , , , , , ,
	If this adjustment does not apply, enter 0 below.	•						
	·	\$ \$						
		+\$						
	-		_					
	Total	\$		0.0	00 c	opy here=>		0.00
14.	Your current monthly income. Subtract line 13 from line 12.						\$	11,499.28
15.	Calculate your current monthly income for the year. Follow these	steps:						
	15a. Copy line 14 here>						\$	11,499.28
	Multiply line 15a by 12 (the number of months in a year).						x	12
	15b. The result is your current monthly income for the year for this par	rt of the form					\$1	37,991.36

Debto	or 1	So	lt-Donadia, Lynn M		Case number (if known)		
16	. Cal	culat	e the median family income that applies to yo	ou. Follow these step	s:		
	16a.	Fill i	n the state in which you live.	NJ			
	16b	. Fill i	in the number of people in your household.	3			
	16c	To f	n the median family income for your state and s find a list of applicable median income amounts ructions for this form. This list may also be availa	, go online using the		\$.	98,174.00
17	. Hov	do	the lines compare?				
	17a.		Line 15b is less than or equal to line 16c. O <i>U.S.C.</i> § 1325(b)(3). Go to Part 3. Do NOT				termined under 11
	17b		Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcu l your current monthly income from line 14 abo	lation of Your Dispo	•		_
Par	t 3:	С	alculate Your Commitment Period Under 11 L	J.S.C. § 1325(b)(4)			
18.	Cop	у уо	our total average monthly income from line 11	l		\$	11,499.28
19.	that	calcu	the marital adjustment if it applies. If you are nulating the commitment period under 11 U.S.C. § copy the amount from line 13.				
	19a	. If th	e marital adjustment does not apply, fill in 0 on	line 19a.		-\$	0.00
	19b	. Sub	stract line 19a from line 18.			\$_	11,499.28
20.	Cald	culat	e your current monthly income for the year.	Follow these steps:			
	20a	Cop	by line 19b			\$	11,499.28
		Mul	tiply by 12 (the number of months in a year).				x 12
	20b	. The	result is your current monthly income for the year	ır for this part of the fo	orm	\$	137,991.36
	20c.	Сор	by the median family income for your state and size	ze of household from	line 16c	\$.	98,174.00
	21.	Hov	v do the lines compare?			<u> </u>	
			Line 20b is less than line 20c. Unless otherwise is 3 years. Go to Part 4.	e ordered by the court	, on the top of page 1 of this form, check	box 3, The	e commitment period
			Line 20b is more than or equal to line 20c. Unle commitment period is 5 years. Go to Part 4.	ss otherwise ordered	by the court, on the top of page 1 of this t	form, chec	k box 4, <i>The</i>
Par	t 4 :	S	ign Below				
	Bys	ignin	g here, under penalty of perjury I declare that the	information on this s	tatement and in any attachments is true a	nd correct	
×	Ly	nn l	nn M Solt-Donadia M Solt-Donadia				
	Sig	gnatu	re of Debtor 1				
	Date		Ine 21, 2018 M / DD / YYYY				

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

If you checked 17a, do NOT fill out or file Form 122C-2.

	Fill in this information to identify you	r case:	
ŀ	Debtor 1 Lynn M Solt-Donad	a	
	Debtor 2 Spouse, if filing)		
	United States Bankruptcy Court for the:	District of New Jersey, Newark Division	
	Case number if known)		☐ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122G-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3 Living 0 Housing

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

5. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

1.384.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who as	re under 6	35 years of	age

- 7a. Out-of-pocket health care allowance per person \$ <u>52</u>
- 7b. Number of people who are under 65 X 3
- \$ 156<u>.00</u> 7c. Subtotal. Multiply line 7a by line 7b. Copy here=> \$ 156.00

People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person **\$** 114
- 7e. Number of people who are 65 or older 0
- 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> \$ 0.00
- 7g. **Total.** Add line 7c and line 7f Copy total here=> 156.00 156.00

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

- Housing and utilities Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.
- Housing and utilities Mortgage or rent expenses:
 - 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.

2,512.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Ave	rage monthly nent				
Seterus Inc.	_ \$	7,166.67				
9b. Total average monthly payment	\$	7,166.67	Copy here=>	-\$	7,166.67	Repeat this amount on line 33a.
Net mortgage or rent expense.						

9c

Subtract line 9b (total average monthly paymen) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$	0.00
Ψ	0.00

Explain why:

Debtor 1	Solt-I	Oonadia, Lynn M		Case number (if known	own)		
11.	Local tra	nsportation expenses: Check the number of vehicle	es for which you claim ar	ownership or op	erating exp	pense.	
	■ 0. Go	to line 14.					
	☐ 1. Go	to line 12.					
	☐ 2 or m	ore. Go to line 12.					
12.		peration expense: Using the IRS Local Standards , fill in the Operating Costs that apply for your Census			u claim the	e operating \$	0.00
13.		wwnership or lease expense: Using the IRS Local S laim the expense if you do not make any loan or lease es					
Ve	hicle 1	Describe Vehicle 1:					
13a	Ownersh	p or leasing costs using IRS Local Standard		\$	0.00		
13b	•	nonthly payment for all debts secured by Vehicle 1.					
		ate the average monthly payment here and on line 1 ally due to each secured creditor in the 60 months aft de by 60.					
	Nan	ne of each creditor for Vehicle 1	Average monthly payment				
			\$	_			
		Total Average Monthly Payment	\$	Copy here => -\$	C	D.00 Repeat this amount on line 33b.	
13c		ele 1 ownership or lease expense ine 13b from line 13a. if the numbert is less than \$0	, enter \$0	\$	0.00	Copy net Vehicle 1 expense here => \$	0.00
Ve	hicle 2	Describe Vehicle 2:				_	
13d	. Ownersh	p or leasing costs using IRS Local Standard		\$	0.00		
13e.	Average leased ve	nonthly payment for all debts secured by Vehicle 2. D hicles.	o not include costs for				
	Nan	ne of each creditor for Vehicle 2	Average monthly payment				
			\$				
		Total average monthly payment	\$	Copy here => -\$	0.0	Repeat this amount on line 33c.	
13f.		ele 2 ownership or lease expense ine 13e from line 13d. if this number is less than \$0.				Copy net Vehicle 2	

- 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.
- 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.

178.00

Oth	er Necessary Expenses	In addition to the expense of the following IRS categories		ou are allowed your monthly expenses for		
16.	6. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.					489.62
17.	Involuntary deductions: union dues, and uniform co		uctions that your job requi	res, such as retirement contributions,		
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.				\$	1,988.29
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.				\$	0.00
19.	Court-ordered payments: agency, such as spousal or	•	at you pay as required by	the order of a court or administrative		
	Do not include payments of	n past due obligations for sp	oousal or child support. Y	ou will list these obligations in line 35.	\$	0.00
20.	Education: The total month ■ as a condition for your joint of the state of the s	hly amount that you pay for ed bb. or	ducation that is either requ	uired:		
	_		child if no public education	n is available for similar services.	\$	0.00
21.	Childcare: The total month	nly amount that you pay for ch	ildcare, such as babysittir	ng, daycare, nursery, and preschool.	\$	0.00
22.	Do not include payments for any elementary or secondary school education. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.					0.00
23.	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.				+\$_	0.00
24.	Add all of the expenses a Add lines 6 through 23.	allowed under the IRS expe	nse allowances.		\$	4,912.91
Add	itional Expense Deduction	ns These are additional d	leductions allowed by the	Means Test.		
			any expense allowances li			
25.		ity insurance, and health sa	avings account expense	es. The monthly expenses for health eccessary for yourself, your spouse, or you	ur	
	Health insurance		\$389.44			
	Disability insurance		\$0.00_			
	Health savings account		+ \$0.00	_		
	Total		\$389.44	Copy total here=>	\$	389.44
	Do you actually spend this No. How much do y			-		
	Yes		\$			
26.	continue to pay for the reas- household or member of yo	onable and necessary care a	nd support of an elderly, c nable to pay for such expe	actual monthly expenses that you will chronically ill, or disabled member of your enses. These expenses may include	\$	0.00
27.	7. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.					
	you and your family under the	he Family Violence Prevention				

If th Y c 29. E \$ e	f you believe that you have home energy content in the excess amount of home energy of must give your case trustee documental claimed is reasonable and necessary. Education expenses for dependent child	e energy costs are included in your insurance and operating expenses on line 8. sts that are more than the home energy costs included in expenses on line 8, y costs. tion of your actual expenses, and you must show that the additional amount	•	
29. E \$ e	hen fill in the excess amount of home energy ou must give your case trustee documenta claimed is reasonable and necessary. Education expenses for dependent child	y costs.		
29. E \$ e	claimed is reasonable and necessary. Education expenses for dependent child	tion of your actual expenses, and you must show that the additional amount	•	
\$ e Y			\$	0.00
	6160.42* per child) that you pay for your dep elementary or secondary school.	ren who are younger than 18. The monthly expenses (not more than bendent children who are younger than 18 years old to attend a private or public		
	ou must give your case trustee documenta easonable and necessary and not already a	tion of your actual expenses, and you must explain why the amount claimed is ccounted for in lines 6-23.		
*	Subject to adjustment on 4/01/19, and eve	ry 3 years after that for cases begun on or after the date of adjustment.	\$_	0.00
th		he monthly amount by which your actual food and clothing expenses are higher ances in the IRS National Standards. That amount cannot be more than 5% of S National Standards.		
	o find a chart showing the maximum addition form. This chart may also be available a	onal allowance, go online using the link specified in the separate instructions for the bankruptcy clerk's office.		
Υ	ou must show that the additional amount c	aimed is reasonable and necessary.	\$_	0.00
	Continuing charitable contributions. The natruments to a religious or charitable organ	amount that you will continue to contribute in the form of cash or financial nization. 11 U.S.C. § 548(d)(3) and (4).		
С	Oo not include any amount more than 15%	of your gross monthly income.	\$_	0.00
	Add all of the additional expense deduct	ions.	\$_	389.44
	e 60 months after you file for bankruptcy. The Mortgages on your home	·	Avera	age monthly
33a.	Copy line 9b here		paym ¢	
ssa.		>	Φ	7,166.67
22h	Loans on your first two vehicles	_	c	00E 47
33b.		=>	^Ф —	265.17
33c.	Copy line 13e here	⇒	\$	0.00
33d. Name	List other secured debts of each creditor for other secured debt	Identify property that secures the debt Does payment include taxes or insurance?		
		■ No		
_	Pinto of Montville	All Developed Dremarks	\$	1,098.93
_		□ No		
		☐ Yes	\$	
-			_	
		□ No		
			₿	
-				

37. Add all of the deductions for debt payment.

Add lines 33e through 36.

\$ 8,530.77

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances

Copy line 32, All of the additional expense deductions

Copy line 37, All of the deductions for debt payment

\$ 389.44 \$ 8,530.77

4.912.91

Total deductions.....

\$ _____13,833.12

Copy total here=>

13,833.12

☐ Decrease

☐ Increase ☐ Decrease

☐ Increase

☐ Decrease

	· · · · · · · · · · · · · · · · · · ·	•	_			· · · · · -		-
Part 2: De	etermine You	r Disposable Income Under 1	U.S.C. § 1325(b)(2))				
		rent monthly income from line Current Monthly Income and C					\$	11,499.28
childrer disability in accor	n. The monthly y payments fo	y necessary income you rece y average of any child support pa or a dependent child, reported in plicable nonbankruptcy law to the ild.	ayments, foster care p Part I of Form 1220	payments, or 3-1, that you receive	ved \$	(0.00	
employe U.S.C. §	er withheld fror	tirement deductions. The morn wages as contributions for quals all required repayments of load).	alified retirement plan	s, as specified in 1		(0.00	
42. Total of	all deduction	ns allowed under 11 U.S.C. § 7	707(b)(2)(A). Copy lii	ne 38 here=	> \$	13,833	3.12	
and you expense	have no reaso s. You must g	al circumstances. If special circonable alternative, describe the spive your case trustee a detailed references.	pecial circumstances	and their	es			
Describe th	ne special circ	cumstances		Amount of expe	ense			
			\$					
			\$					
			\$					
			Total \$	0.00	Cop	oy e=> \$ 	0.00	
44. Total ad	djustments. <i>F</i>	Add lines 40 through 43		=> {	\$	13,833.12	Copy here=> -\$	13,833.12
		thly disposable income under	§ 1325(b)(2). Subtra	act line 44 from lin	e 39.		\$	-2,333.84
46. Change in this for bankrup example column,	e in income o orm have chan atcy petition an e, if the wages enter line 2 in	r expenses. If the income in Forged or are virtually certain to chad during the time your case will reported increased after you file the second column, explain why dill in the amount of the increase	ange after the date you be open, fill in the info d your petition, check the wages increased	u filed your ormation below. Fo 122C-1 in the firs	or			
Form	Line	Reason for change		Date of change		Increase or decrease?	Amount of ch	ange
☐ 122C-1 ☐ 122C-2 ☐ 122C-1						☐ Increase ☐ Decrease ☐ Increase	\$	

☐ 122C-2

☐ 122C-1

☐ 122C-2 ☐ 122C-1

☐ 122C-2

Debtor 1	Solt-Donadia, Lynn M	Case number (if known)
Dort 4	Cimp Delevi	
Part 4:	Sign Below	
E	By signing here, under penalty of perjury you declare that the information	on on this statement and in any attachments is true and correct.
Х	/s/ Lynn M Solt-Donadia	
•	Lynn M Solt-Donadia Signature of Debtor 1	
Date	June 21, 2018 MM / DD / YYYY	
	WINT, DD / IIII	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Cha	pter 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1.717

\$1,167 filing fee \$550 administrative fee

total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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United States Bankruptcy Court District of New Jersey, Newark Division

IN RE:	Case No	
Solt-Donadia, Lynn M	Chapter 13	
Debtor(s		
	ON OF NOTICE TO CONSUMER DEBTOR(S) § 342(b) OF THE BANKRUPTCY CODE	
Certificate of	[Non-Attorney] Bankruptcy Petition Preparer	
I, the [non-attorney] bankruptcy petition prepare notice, as required by § 342(b) of the Bankruptcy	r signing the debtor's petition, hereby certify that I delivered y Code.	d to the debtor the attached
Printed Name and title, if any, of Bankruptcy Per Address:	petition preparer the Social Securi principal, respon	number (If the bankruptcy is not an individual, state ity number of the officer, asible person, or partner of petition preparer.) U.S.C. § 110.)
X Signature of Bankruptcy Petition Preparer of off partner whose Social Security number is provide	icer, principal, responsible person, or	,
	Certificate of the Debtor	
I (We), the debtor(s), affirm that I (we) have reco	eived and read the attached notice, as required by § 342(b) of	of the Bankruptcy Code.
Solt-Donadia, Lynn M	X /s/ Lynn M Solt-Donadia	6/21/2018
Printed Name(s) of Debtor(s)	Signature of Debtor	Date
Case No. (if known)	X	

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Signature of Joint Debtor (if any)

Date